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## BIB DATA SHEET

CONFIRMATION NO. 3867

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/596,237	06/05/2006	424	1611	101215-228		
<b>RULE</b>						
<b>APPLICANTS</b> Karin Golz-Berner, Jean-Charles Rey, MONACO; Leonhard Zastrow, Papalins, MONACO; Roselyne Moyon, Le Cannet, FRANCE; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/13856 12/01/2004 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 58 306.8 12/08/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/16/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and / AB / Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance CMP Initials	<b>STATE OR COUNTRY</b>  MONACO	<b>SHEETS DRAWINGS</b>  0	<b>TOTAL CLAIMS</b>  15	<b>INDEPENDENT CLAIMS</b>  2
<b>ADDRESS</b>  Londa Bruce S. 875 THIRD AVE 8th Floor NEW YORK, NY 10022 UNITED STATES						
<b>TITLE</b>  Cosmetic and dermatologic oxygen carrier system						
<b>FILING FEE RECEIVED</b>  900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		